Filing at a Glance

Company:	MetLife Investors Insurance Company
Product Name:	Personal Financial Information Supplement Revised
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	09/21/2012
SERFF Tr Num:	METD-128595439
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	EFIN-74-12-1 (MLI)
Implementation Date Requested:	On Approval
Author(s):	Karen Poor, Diane Palermo, Dale Bihlmeyer
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/26/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

General Information

Project Name: PFI Supplement Revised
Project Number: EFIN-74-12-1
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Diane Palermo

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/26/2012
State Status Changed: 09/26/2012
Created By: Diane Palermo
Corresponding Filing Tracking Number:

Filing Description:

RE: Form: EFIN-74-12-1 Personal Financial Information Supplement
Individual Life filing for the following companies:

Metropolitan Life Insurance Company
NAIC # 241-65978 FEIN # 13-5581829
State of Domicile: New York

New England Life Insurance Company
NAIC # 241-91626 FEIN # 04-2708937
State of Domicile: Massachusetts

General American Life Insurance Company
NAIC # 241-63665 NAIC # 43-0285930
State of Domicile: Missouri

MetLife Investors Insurance Company
NAIC # 241-93513 FEIN # 43-1236042
State of Domicile: Missouri

MetLife Investors USA Insurance Company
NAIC # 241-61050 FEIN # 54-0696644
State of Domicile: Delaware

MetLife Insurance Company of Connecticut
NAIC # 241-87726 FEIN# 06-0566090
State of Domicile: Connecticut

Metropolitan Tower Life Insurance Company
NAIC # 241-97136 FEIN # 13-3114906
State of Domicile: Delaware

Dear Sir or Madam:

The above supplemental application form is enclosed for your review and approval. This form will replace existing form EFIN-

74-12 which was approved on 11/17/2011 in State Tracking Number 50275. The form is being changed to cover only one role in the insurance contract: Proposed Insured; Owner; or Payor instead of having all parties use one form. With the new form, additional parties/roles will fill out a second or third form.

This form will be implemented once the computer data collection system is available. This form is in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. The application form is being submitted as a duplex forms. However, it may appear in the policy single-sided especially if it is faxed to us.

We have bracketed as variable information the company names shown at the top of the form. This will allow us to remove a company that ceases to use this form without refilling the form. We assure you that the only variability to the list of companies is the ability to remove a company name; no new insurer will be added to the application without refilling the application for all companies.

Personal Financial Information Supplement, form EFIN-74-12-1 is a supplement that requests financial information on the Proposed Insured, Owner or the person paying the premiums. This supplement will always be used in conjunction with an approved life application. It will be used when our underwriting rules require the additional financial information for our suitability review.

We look forward to receiving your approval of this form. Thank you for your attention to this filing and if you have any questions or need further information, please contact me at the listed telephone number or e-mail address.

Sincerely,

Karen L. Poor

Enclosures: Readability Certificate; Certification; Statement of Variability

Company and Contact

Filing Contact Information

Karen Poor, Senior Contract Consultant
501 Boylston Street
Boston, MA 02116

KPoor@metlife.com
617-578-4730 [Phone]
617-578-5505 [FAX]

Filing Company Information

MetLife Investors Insurance Company
13045 Tesson Ferry Road
St. Louis, MO 63128
(617) 578-2000 ext. [Phone]

CoCode: 93513
Group Code: 241
Group Name: MetLife Group
FEIN Number: 43-1236042

State of Domicile: Missouri
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00

State: *Arkansas* **Filing Company:** *MetLife Investors Insurance Company*
TOI/Sub-TOI: *L08 Life - Other/L08.000 Life - Other*
Product Name: *Personal Financial Information Supplement Revised*
Project Name/Number: *PFI Supplement Revised/EFIN-74-12-1*

Retaliatory? Yes

Fee Explanation: Missouri is our domiciliary state and requires a $50.00 fee per filing, therefore we are submitting a fee of $50.00.

Per Company: No

Company	Amount	Date Processed	Transaction #
MetLife Investors Insurance Company	$50.00	09/21/2012	62946305

State: Arkansas **Filing Company:** MetLife Investors Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Personal Financial Information Supplement Revised
Project Name/Number: PFI Supplement Revised/EFIN-74-12-1

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/26/2012	09/26/2012

Disposition

Disposition Date: 09/26/2012
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Personal Financial Information Supplement		Yes

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		EFIN-74-12-1	AEF	Personal Financial Information Supplement	Revised: Replaced Form #: EFIN-74-12 Previous Filing #: 50275	45.000	EFIN-74-12-1 FINAL.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

MetLife

Policy Number ____________________

Personal Financial Information Supplement

Company (Check the appropriate ONE.)
The Company indicated in this section is referred to as "**the Company**".

- ☐ Metropolitan Life Insurance Company
- ☐ New England Life Insurance Company
- ☐ MetLife Investors Insurance Company
- ☐ Metropolitan Tower Life Insurance Company
- ☐ General American Life Insurance Company
- ☐ MetLife Investors USA Insurance Company
- ☐ MetLife Insurance Company of Connecticut

This supplement will be attached to and become part of the application with which it is used.

First Name: ____________________ Last Name: ____________________ Identity Type: (Check all that apply.) ☐ Insured ☐ Payor ☐ Owner

SECTION I - Income

Annual Earned Income (in US dollars as reported to the IRS)

Salary or Draw	$
Bonus/Commissions	$
Other Earnings	$
Source (If government assistance, please provide details.)	
Total Earned Income	$
Spouse's Income	$

Annual Unearned Income (in US dollars as reported to the IRS)

Dividends/Interest	$
Net Rentals	$
Other Unearned Income	$
Source (If government assistance, please provide details.)	
Total Unearned Income	$

SECTION II - Assets

Assets (in US dollars)

Cash/Cash Equivalents	$
Real Estate	$
Business Equity	$
Stocks	$
Bonds	$
Annuities	$
Mutual Funds	$
CD/Money Markets	$
Foreign Assets (Note: if more than 20% of total assets are outside the US, supporting documentation may be requested.)	$
Other Assets (Artwork and other personal property must have written appraisals available.)	$
Total Assets	$

SECTION III - Liabilities

Liabilities (in US dollars)

Mortgages	$
Personal Loans	$
Other	$
Total Liabilities	$

SECTION IV - Expenses

Expenses

Annual Recurring Expenses (e.g., rent mortgage, long-term debts, utilities, alimony or child support, etc.) $ ____________

"Special Expenses" (if any) (e.g., future, non-recurring expenses, such as home purchase/ remodeling, car purchase or repairs, education, medical expenses, etc.) (Blank fields for Special Expenses will be assumed to be $0.) $ ____________

Timeframe for Special Expenses (within how many years) (e.g., 1 year for home remodeling, 4 years for education, etc.)

____________ ____________ ____________

SECTION V

Net Worth (Total Assets minus Total Liabilities) $ ____________

Tax Bracket (%) ____________

Liquid Net Worth (The amount of cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Include the amount of the initial premium payment and/or lump sum payment for this coverage. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/sales charges.) $ ____________

State: *Arkansas* **Filing Company:** *MetLife Investors Insurance Company*
TOI/Sub-TOI: *L08 Life - Other/L08.000 Life - Other*
Product Name: *Personal Financial Information Supplement Revised*
Project Name/Number: *PFI Supplement Revised/EFIN-74-12-1*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability (MLI).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
AR Certification (MLI).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability (EFIN).pdf			

MetLife Investors Insurance Company
13045 Tesson Ferry Road, St. Louis, MO 63128

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)	Flesch Score(s)
EFIN-74-12-1	45

Karen A. Johnson

Karen A. Johnson, Vice President

9/21/2012

Date

MetLife Investors Insurance Company
13045 Tesson Ferry Road, St. Louis, MO 63128

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.

Karen A. Johnson

Karen A. Johnson, Vice President

9/21/2012

Date

STATEMENT OF VARIABILITY

Application for Life Insurance – EFIN-74-12-1

7/27/12

Variable material is denoted by brackets in the form.	
Company Names	This will allow us to remove a company that ceases to sell new business without refilling. We assure you that the only variability to the list of companies is the ability to remove a company name; no new insurer will be added to the application without refilling the application for all companies.
Liquid Net Worth Definition [(The amount of cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Include the amount of the initial premium payment and/or lump sum payment for this coverage. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/sales charges.)]	The definition of Liquid Net Worth is being taken from the FINRA 2111 requirements. The definition is bracketed so we can update the text if FINRA changes the definition in the future.
Special Expenses Definition [(e.g., future, non-recurring expenses, such as home purchase/remodeling, car purchase or repairs, education, medical expenses, etc.)]	The definition of Special Expenses is being taken from the FINRA 2111 requirements. The definition is bracketed so we can update the text if FINRA changes the definition in the future.